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|                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------|---------------------|--------------------------------|--------------------------------|--|--|
| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                               |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               | Application or Docket Number<br>09/829,584                                                                  | Filing Date<br>04/09/2001 | <input type="checkbox"/> To be Mailed |                     |                                |                                |  |  |
| <b>APPLICATION AS FILED – PART I</b>                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               | OTHER THAN<br><small>SMALL ENTITY <input type="checkbox"/> OR <input type="checkbox"/> SMALL ENTITY</small> |                           |                                       |                     |                                |                                |  |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                                       | <small>SMALL ENTITY <input type="checkbox"/> OR <input type="checkbox"/> SMALL ENTITY</small> |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <b>FOR</b>                                                                                                                      |                                                                                          | <b>NUMBER FILED</b>                                                                                                                                                                                                           |                                                       | <b>NUMBER EXTRA</b>                                                                           |                                                                                                             | <b>RATE (\$)</b>          |                                       | <b>FEES (\$)</b>    |                                |                                |  |  |
| <input type="checkbox"/> <b>BASIC FEE</b><br>(37 CFR 1.16(a), (b), or (c))                                                      |                                                                                          | N/A                                                                                                                                                                                                                           |                                                       | N/A                                                                                           |                                                                                                             | N/A                       |                                       | N/A                 |                                |                                |  |  |
| <input type="checkbox"/> <b>SEARCH FEE</b><br>(37 CFR 1.16(k), (i), or (m))                                                     |                                                                                          | N/A                                                                                                                                                                                                                           |                                                       | N/A                                                                                           |                                                                                                             | N/A                       |                                       | N/A                 |                                |                                |  |  |
| <input type="checkbox"/> <b>EXAMINATION FEE</b><br>(37 CFR 1.16(o), (p), or (q))                                                |                                                                                          | N/A                                                                                                                                                                                                                           |                                                       | N/A                                                                                           |                                                                                                             | N/A                       |                                       | N/A                 |                                |                                |  |  |
| <b>TOTAL CLAIMS</b><br>(37 CFR 1.16(i))                                                                                         |                                                                                          | minus 20 =                                                                                                                                                                                                                    |                                                       | *                                                                                             |                                                                                                             | X \$ =                    |                                       | X \$ =              |                                |                                |  |  |
| <b>INDEPENDENT CLAIMS</b><br>(37 CFR 1.16(h))                                                                                   |                                                                                          | minus 3 =                                                                                                                                                                                                                     |                                                       | *                                                                                             |                                                                                                             | X \$ =                    |                                       | X \$ =              |                                |                                |  |  |
| <input type="checkbox"/> <b>APPLICATION SIZE FEE</b><br>(37 CFR 1.16(s))                                                        |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <input type="checkbox"/> <b>MULTIPLE DEPENDENT CLAIM PRESENT</b> (37 CFR 1.16(j))                                               |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <small>* If the difference in column 1 is less than zero, enter "0" in column 2.</small>                                        |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               | TOTAL                                                                                                       |                           | TOTAL                                 |                     |                                |                                |  |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                         |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               | OTHER THAN<br><small>SMALL ENTITY <input type="checkbox"/> OR <input type="checkbox"/> SMALL ENTITY</small> |                           |                                       |                     |                                |                                |  |  |
| (Column 1)                                                                                                                      |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                                       | (Column 3)                                                                                    |                                                                                                             | SMALL ENTITY              |                                       | OR                  |                                |                                |  |  |
| <b>AMENDMENT</b><br><br><b>10/07/2008</b>                                                                                       | <b>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</b>                                      |                                                                                                                                                                                                                               | <b>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</b> |                                                                                               | <b>PRESENT<br/>EXTRA</b>                                                                                    |                           | <b>RATE (\$)</b>                      |                     | <b>ADDITIONAL<br/>FEE (\$)</b> |                                |  |  |
|                                                                                                                                 | Total (37 CFR 1.16(i))                                                                   |                                                                                                                                                                                                                               | * 36                                                  |                                                                                               | Minus                                                                                                       |                           | ** 108                                |                     | =                              |                                |  |  |
|                                                                                                                                 | Independent (37 CFR 1.16(h))                                                             |                                                                                                                                                                                                                               | * 4                                                   |                                                                                               | Minus                                                                                                       |                           | *** 12                                |                     | =                              |                                |  |  |
|                                                                                                                                 | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
|                                                                                                                                 | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
|                                                                                                                                 | TOTAL ADD'L FEE                                                                          |                                                                                                                                                                                                                               | OR                                                    |                                                                                               | TOTAL ADD'L FEE                                                                                             |                           | RATE (\$)                             |                     | ADDITIONAL FEE (\$)            |                                |  |  |
|                                                                                                                                 | (Column 1)                                                                               |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             | (Column 2)                |                                       | (Column 3)          |                                |                                |  |  |
|                                                                                                                                 | <b>AMENDMENT</b>                                                                         | <b>CLAIMS<br/>REMAINING<br/>AFTER<br/>AMENDMENT</b>                                                                                                                                                                           |                                                       | <b>HIGHEST<br/>NUMBER<br/>PREVIOUSLY<br/>PAID FOR</b>                                         |                                                                                                             | <b>PRESENT<br/>EXTRA</b>  |                                       | <b>RATE (\$)</b>    |                                | <b>ADDITIONAL<br/>FEE (\$)</b> |  |  |
|                                                                                                                                 |                                                                                          | Total (37 CFR 1.16(i))                                                                                                                                                                                                        |                                                       | * *                                                                                           |                                                                                                             | Minus                     |                                       | ** *                |                                | =                              |  |  |
| Independent (37 CFR 1.16(h))                                                                                                    |                                                                                          | * *                                                                                                                                                                                                                           |                                                       | Minus                                                                                         |                                                                                                             | *** *                     |                                       | =                   |                                |                                |  |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                  |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                        |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| TOTAL ADD'L FEE                                                                                                                 |                                                                                          | OR                                                                                                                                                                                                                            |                                                       | TOTAL ADD'L FEE                                                                               |                                                                                                             | RATE (\$)                 |                                       | ADDITIONAL FEE (\$) |                                |                                |  |  |
| <small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</small>                            |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <small>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</small>                        |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| <small>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</small>                         |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                          |                                                                                                                                                                                                                               |                                                       |                                                                                               |                                                                                                             |                           |                                       |                     |                                |                                |  |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

**Legal Instrument Examiner:  
/GLORIA PORTER/**

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.